

House File 2384

H-8260

1 Amend the amendment, H-8198, to House File 2384, as follows:

2 1. Page 1, by striking lines 2 through 4.

3 2. Page 1, before line 5 by inserting:

4 <____. Page 1, by striking lines 31 and 32 and inserting:

5 <7. "*Health carrier*" means an entity subject to the
6 insurance laws and regulations of this state, or subject
7 to the jurisdiction of the commissioner, including an
8 insurance company offering sickness and accident plans, a
9 health maintenance organization, a nonprofit health service
10 corporation, a plan established pursuant to chapter 509A
11 for public employees, or any other entity providing a plan
12 of health insurance, health care benefits, or health care
13 services. "*Health carrier*" does not include the department
14 of human services, or a managed care organization acting
15 pursuant to a contract with the department of human services to
16 administer the medical assistance program under chapter 249A
17 or the healthy and well kids in Iowa (hawk-i) program under
18 chapter 514I.>>

19 3. Page 1, by striking lines 5 through 15.

20 4. Page 1, before line 16 by inserting:

21 <____. Page 2, line 22, by striking <distributor> and
22 inserting <distributor, and reduced by any discounts, rebates,
23 or other price concessions applicable to the prescription drug
24 that are not shown on the invoice and are known at the time that
25 the pharmacy files an appeal with a pharmacy benefits manager>>

26 5. Page 1, line 34, after <7.> by inserting <a.>

27 6. Page 2, line 3, by striking <If, however, this>

28 7. Page 2, by striking line 4 and inserting:

29 <b. If application of paragraph "a" will result in health
30 savings account ineligibility>

31 8. Page 2, line 5, by striking <this>

32 9. Page 2, line 6, by striking <requirement> and inserting
33 <paragraph "a">

34 10. Page 2, after line 15 by inserting:

35 <c. Paragraph "a" shall not apply to cost-sharing paid by

1 a covered person, or to cost-sharing paid by any other person
2 on behalf of the covered person, for a specialty drug or for
3 a prescription drug for which a medically appropriate A-rated
4 generic equivalent or an interchangeable biological product is
5 available to the covered person.

6 d. Paragraph "a" shall not apply to a state-regulated
7 high-deductible health plan to the extent application
8 of paragraph "a" will result in the state-regulated
9 high-deductible health plan not qualifying as a high-deductible
10 health plan under section 223 of the Internal Revenue Code.

11 e. If paragraph "a" conflicts with a federal law or a
12 federal regulation as applied to a specific health carrier or
13 to a specific circumstance, paragraph "a" shall apply to all
14 health carriers and in all circumstances in which the federal
15 law or federal regulation does not conflict.>

16 11. Page 2, by striking lines 16 and 17.

17 12. Page 2, by striking lines 32 and 33.

18 13. Page 3, by striking lines 15 and 16.

19 14. Page 3, by striking lines 19 and 20.

20 15. Page 3, by striking lines 34 and 35.

21 16. Page 4, line 5, after <The section> by striking <of this
22 division>

23 17. By striking page 4, line 7, through page 8, line 4.

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